

Application Form for Training room

長崎県立総合体育館 県北トレーニング室

Application number					
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First Name	Last Name	Male • Female	Age
Birthday DD/MM/YY	/ /	Blood Type A B O AB ()	
Address	〒 _____		

	Phone number	_____	
Emergency Contact	contact name	Relationship	_____
	Phone number	_____	

Please tick about your health condition.

- | | YES | No |
|--|--------------------------|--------------------------|
| 1. Do you have any heart related medical history?
Yes? = Details please _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you experienced chest pain when you exercise before? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever felt dizziness before? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you feel bone pain or joint pain when you do exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever prescribed any medicine related blood pressure or chest disease?
Yes? = Details please _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there anything else worries or concerns about your health?
Yes? = Details please _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Training room user Pledge

I submit this application for using this training facility.
 I promise that I will comply the rules and safety precautions of this facility,
 and follow the instructor's directions.
 In case of any accidents, injuries or loss, I will be liable about this incidents.

Date / /

Signature _____